Group Life Insurance Beneficiary Designation(s)

	se print all information using blanl	k ink. Do not erase or	make any correc	tion, use a new form.	
me (Last, First MI)					Social Security No.
mpany		Positio	n		
mpany				v	eekly
ange of Name From (Full F		Site Location		Site Phone No.	
enefits are paid to your Second	fits are paid to your Primary beneficiandary Beneficiary(ies) in the same man	y(ies) in the percentages ner.	s noted. If your Prim	ary Beneficiary(ies) dies	or cannot be located,
Non-Contributory Life Insu	urance				
Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement Lump Sum
Primary					
Secondary					
Non-Contributory Occupa	tional Accidental Death				
Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement
Primary					Lump Sum
Secondary					
Contributory Life Insurance	ce				
Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement
Primary					Lump Sum
Secondary					
Contributory Accidental D	eath and Dismemberment Insura	nce - Employee Option	on		
Beneficiary Class	Beneficiary Name	Percentage of Benefit	Relationship	Beneficiary Social Security No.	Mode of Settlement
Primary					Lump Sum
Secondary					
	pendent Life Insurance or Contributor	y Family Accidental Deat	th and Dismembern	nent	
rance coverage, you are the b	•			Fo	or Company Use Only
	Employee Accidental Death and Dismeth benefits will be paid to the benefic				y Date Received
oloyee Signature (As Usua	lly Written)		Date Signe	d Processed	By Date Processed